

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEC 04 2012
Bayfield Co. Zoning Dept.
HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Permit #:	12-0476
Date:	12-7-12
Amount Paid:	\$7512-412
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>KERMIT WARREN</u>	Mailing Address: <u>880 MARSHALL RD PO BOX 54467</u>	City/State/Zip: <u>715-252-2473</u>	Telephone: <u>54467</u>
Address of Property: <u>Fire # 21920 Grand View Blvd</u>	City/State/Zip: <u>GRANDVIEW WI 54839</u>	Contractor Phone: <u>54467</u>	Cell Phone: <u>715-252-2473</u>
Contractor: <u>SELF</u>	Plumber: <u>54467</u>	Plumber Phone: <u>54467</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>54467</u>	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: <u>Parcel 05 NE 1/4, NE 1/4</u>	PIN: (23 digits) <u>04-021-2-45-04-21-1-01-000-</u>	Recorded Document: (i.e. Property Ownership) <u>534</u>	Page(s) <u>534</u>
Legal Description: (Use Tax Statement)	Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section <u>21</u> , Township <u>45</u> N, Range <u>4</u> W	Town of: <u>GRANDVIEW</u>	Lot Size	Acres <u>10.844</u>
<input type="checkbox"/> Non-Shoreland		Distance Structure Is from Shoreline: <u>300'</u>	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>300'</u>		Distance Structure Is from Shoreline: <u>300'</u>	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion *Include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>5,000.00</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u> </u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u> </u>	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> <u> </u>
					<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> <u> </u>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>22'</u>	Width: <u>32'</u>	Height: <u>10'</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	
	<input type="checkbox"/> with Loft	(<u> </u>)	
	<input type="checkbox"/> with a Porch	(<u> </u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u> </u>)	
	<input type="checkbox"/> with (2 nd) Deck	(<u> </u>)	
	<input type="checkbox"/> with Attached Garage	(<u> </u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u> </u>)	
	<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>	(<u> </u>)	
	<input type="checkbox"/> Addition/Alteration (specify) <u> </u>	(<u> </u>)	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>STORAGE SHED - POKE BARS</u>	(<u>22 X 32</u>)	<u>704</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>	(<u> </u>)	
	<input type="checkbox"/> Special Use: (explain) <u> </u>	(<u> </u>)	
	<input type="checkbox"/> Conditional Use: (explain) <u> </u>	(<u> </u>)	
	<input type="checkbox"/> Other: (explain) <u> </u>	(<u> </u>)	
<input type="checkbox"/> Municipal Use			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Kermit Warren
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Kim Warren
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

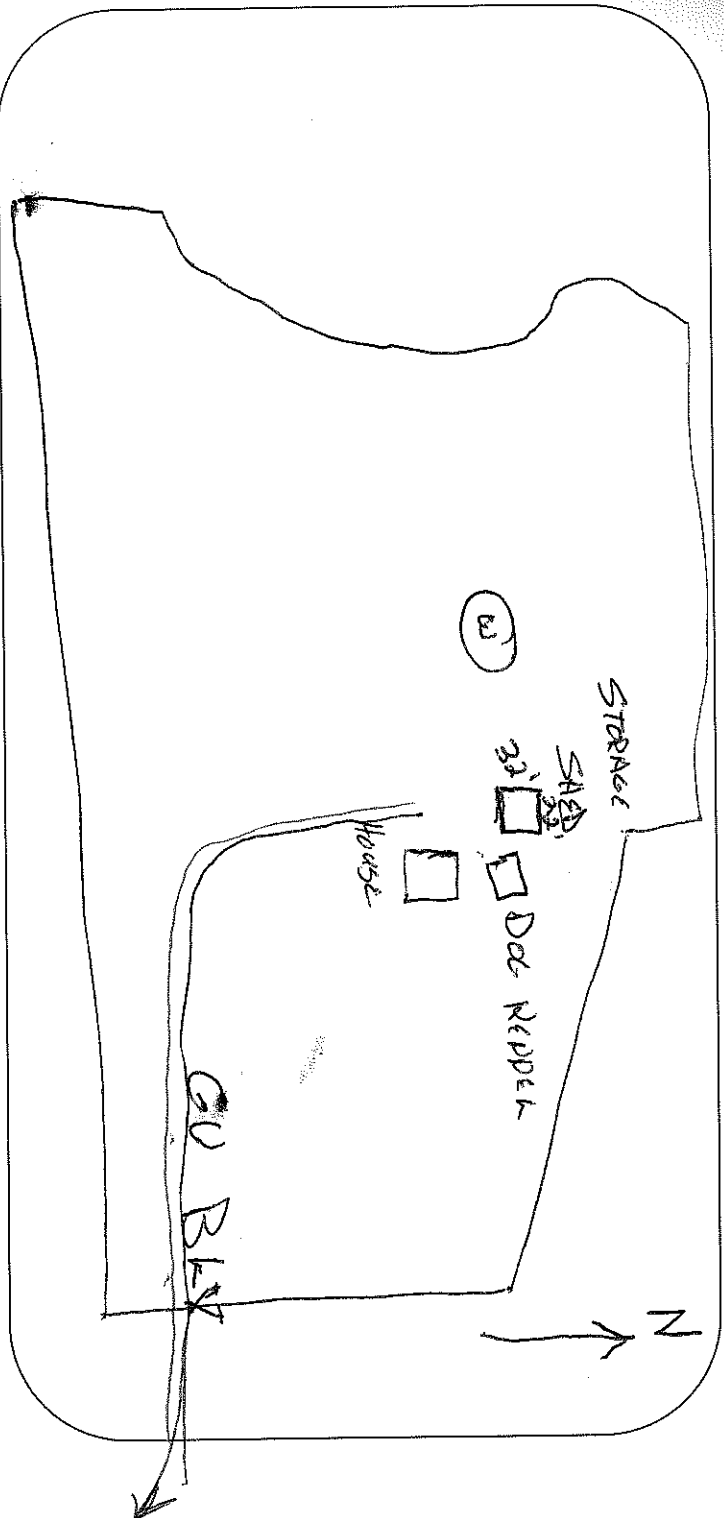
Address to send permit Kim Warren PO Box 14 Grandview, WI 54839
Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

54839

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	630' Feet	Setback from the Lake (ordinary high water mark)	NA' Feet
Setback from the Established Right-of-Way	650' Feet	Setback from the River, Stream, Creek	415' Feet
Setback from the North Lot Line	716' Feet	Setback from the Bank or Bluff	NA' Feet
Setback from the South Lot Line	688' Feet	Setback from Wetland	NA' Feet
Setback from the West Lot Line	188' Feet	Setback from 20% Slope Area	694' Feet
Setback from the East Lot Line	415' Feet	Elevation of Floodplain	NA' Feet
Setback to Septic Tank or Holding Tank	124' Feet	Setback to Well	62' Feet
Setback to Drain Field	124' Feet		
Setback to Privy (Portable, Composting)	NA' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:				
Permit #: 12-0475	Permit Date: 12-7-12				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure (Fused/Contiguous Lots)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delimited	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:	Zoning District (F-1)				
Date of Inspection: 12-5-12	Inspected by: M. Furtak	Lakes Classification (3)			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
May not be used for human habitation.					
No water under pressure in structure.					
Signature of Inspector: Michael Stute					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 12-6-12	